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APPLICANTS
 Glenn Clement Aikens, Apex, NC;
 Siu Hung Choy, Durham, NC;
 Shawn Allen Clymer, Raleigh, NC;
 Douglas Ronald Duer, Pittsboro, NC;
 Richard Arthur Franck, Chapel Hill, NC;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 6	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
25259

TITLE
METHOD, SYSTEM AND PROGRAM PRODUCT FOR MANAGING NETWORK PERFORMANCE

FILING FEE RECEIVED 1262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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